

U.S. Department of Justice

PROCESS RECEIPT AND RETURN

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Jnite	ed	State	es N	lars	hal	s Ser	vice

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF	COURT CASE NUMBER	
Reco D. Manning	5:23-CV-00137-R	
DEFENDANT	TYPE OF PROCESS	
(WARDEN) TERRANCE DICKERSON		
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION SERVE CLOSE C. C. F.	ON OF PROPERTY TO SEIZE OR CONDEMN	
SERVE AT ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)		
3200 S kings HWY, Cyshing, Ok 7402	13-5337	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be	
Cyshing C.C.F. / Tagua F.C.I	Number of parties to be	
Cushing C.C.t. Jesup F.C.I 3200 S Kings HWY 201 South	served in this case	
Cushing OK 74023-5337 / TESUD GA. 31599	Check for service on U.S.A.	
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include	The state of the s	
All Telephone Numbers, and Estimated Times Available for Service):	RECEIVED	
	APR 2 7 2023	
TV-1	U.S. MARSHALS WIOK	
Signature of Attorney other Originator requesting service on behalf of: PLAINTIFF TELEPHONE		
DEFENDANT	3-27-2023	
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRIT		
I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 is submitted) Total Process District of Origin No. 4 No. 4 District to Signature of Authorized USMS	Deputy or Clerk Date 5/2/2=	
I hereby certify and return that I \[\] have personally served, \[\] have legal evidence of service, \[\] have executed as shindividual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shows the individual of	nown in "Remarks", the process described on the own at the address inserted below.	
☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remo	arks below)	
Name and title of individual served (if not shown above) L-C.S. Kimbelly Sollivara	Date S 20 pm	
Address (complete only different than shown above)	Signature of U.S. Marshal or Deputy	
	37713	
Costs shown on attached USMS Cost Sheet >>		
REMARKS		
M3: 130mi		
Mi: 130mi time: 3hrs		

(2)

Form USM-285 Rev. 03/21

Case 5:23-cv-00137-R Document 17 Filed 05/25/23 Page 2 of 4

U.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF	COURT CASE NUI	MBER		
Reco D. maning	5: 23-CV	-00137-1	e	
DEFENDANT	TYPE OF PROCES			
Assistance Chief Serverty Kimberly Hilligoss			A	
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRI	PTION OF PROPERTY	TO SEIZE OR CO	NDEMN	
SERVE Cushing C.C.T.				
AT ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 3200 5 kings HWY Cushing Ok 74023	-5337			
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process t			
· / TIERT	served with this For Number of parties to			
Josep F. C. I. 2600 HWY 301 South	served in this case	and the state of t		
JESUP GH 31599	Check for service on U.S.A.			
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Incl		ate Addresses,	1	
All Telephone Numbers, and Estimated Times Available for Service):	RECE	IVED		
	APR 27	ากวา		
	AFR 21	2023		
	U.S. MARSH	ALS W/OK		
Signature of Attorney other Originator requesting service on behalf of: TELEPHO	NE NUMBER	DATE		
DEFENDANT		2 2	4-202	
		9	, ava	
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WE		S LINE		
Lacknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted) Total Process District of Origin No. L4 No. L4 District to Signature of Authorized USI No. L4 No. L4 No. L4	MS Deputy or Clerk	Date 5/	2/23	
I hereby certify and return that I have personally served, have legal evidence of service, have executed a	s shown in "Remarks" th	ne process described	I on the	
individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc.				
I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See	remarks below)			
Name and title of individual served (if not shown above) AC.S. Kimberly Selliman	3/24/23	S:20	am pm	
Address (complete only different than shown above)	Signature of U.S. M	arshal or Deputy		
			ka:	
		3/1	113	
Costs shown on attached USMS Cost Sheet >>				
REMARKS				
Mi: 130mi				
1 my: 31-5				

Case 5:23-cv-00137-R Document 17 Filed 05/25/23 Page 3 of 4

U.S. Department of Justice

PROCESS RECEIPT AND RETURN

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Inited	States	Mars	hals	Service

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF	COURT CASE NUMBER
Reco D. MANNING	5:23-CV-00137-R
DEFENDANT	TYPE OF PROCESS
(Human Resource) Miss Holly	- A
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DES	CRIPTION OF PROPERTY TO SEIZE OR CONDEMN
SERVE ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)	
AT ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 3200 S Kings HWY, Cushing, OK 740	23-5337
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be 3 2
Train F.C.T	Number of parties to be
Jesup F.C.I 2600 HWY 301 South	served in this case 3-3
Jesup. GA 31599	Check for service on U.S.A.
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE	
All Telephone Numbers, and Estimated Times Available for Service):	37 2022
	APR 2 7 2023
	U.S. MARSHALS W/OK
	O.C. III
Signature of Attorney other Originator requesting service on behalf of: TELEI	HONE NUMBER DATE
PLAINTIFF	7 24 2023
DEFENDANT	3-27 -2023
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT	WRITE BELOW THIS LINE
I acknowledge receipt for the total number of process indicated. Total Process District of District to Signature of Authorized Origin Serve	USMS Deputy or Clerk Date
(Sign only for USM 285 if more than one USM 285 is submitted) No. 64 No. 64	3/2/2
I hereby certify and return that I have personally served, have legal evidence of service, have execu	and as shown in "Pamarka" the process described on the
individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation	, etc. shown at the address inserted below.
☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above	See remarks below)
Name and title of individual served (if not shown above)	Date Time
A.C.S. Kimberly Sullivan	5/29/28 8:20 pm
Address (complete only different than shown above)	Signature of U.S. Marshal or Deputy
	17.
Control of the Little	31/13
Costs shown on attached USMS Cost Sheet >> REMARKS	
Mi. : 130mi Lime: 3 hos	

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Form USM-285 Rev. 03/21

Case 5:23-cv-00137-R Document 17 Filed 05/25/23 Page 4 of 4

PROCESS RECEIPT AND RETURN

Ü.S. Department of JusticeUnited States Marshals Service

See "Instructions for Service of Process by U.S. Marshal"

DEFENDANT COSE CIVIC (Wanders) (H. 9.3) (Human Resource) NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN SERVE ADDRESS (Street or RFD. Apartment No., City, State and ZIP Code) 3260 G Kings G Human Resource (Line Human Resource) SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW SEPCEIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Atternate Addresses, All Telephone Numbers, and Estimated Times Available for Service): WARLIER TO Acknowledge To Company of the Compan	PLAINTIFF	COURT CASE NUMBER
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SERVE AT ADRESS (Street or RFD. Apartment No., City, State and ZIP Code) 3260 6 King S HWY Cug Hr 2 G Number of process to be served with this Form 285 SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Number of process to be served with this Form 285 Number of principal to be served with this Form 285 Number of principal to be served with this Form 285 Number of principal to be served on this case Check for service on this case Check for service on the served with this Form 285 All Telaphone Numbers, and Estimated Times Available for Service): Wheelers' Terrence Dickarson - Cusking CCF, 3300 Skings HWY Costar Bellow HWY Costar	DEFENDANT	
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN ADDRESS (Street or RFD. Apartment No., City, State and ZIP Code) 3200 S KINGS, HWY Lug Hir D. O W 14023 SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Number of process to be served with this Form 285 Number of process to be served with this Form 285 Number of process to be served with this Form 285 Number of process to be served with this Form 285 Number of process to be served with this Form 285 Number of process to be served with this Form 285 Number of process to be served with this Form 285 Number of process to be served with this Form 285 Number of process to be served with this Form 285 Number of process to be served with this Form 285 Number of process to be served with this Form 285 Number of process to be served with this Form 285 Number of process to be served with this Form 285 National Control of the Served on U.S. All Telephone Numbers and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service; Wareless Telephone Numbers and Alternate Addresses, I FELEPHONE NUMBER MARS HOATE W/OK Span the Served with this Form 285 APR 2 7 2023 Signature of Automey other Originator requesting service on behalf of: PLAINTIFF DEFENDANT SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE 1 acknowledge recept for the total number of process indicated. (Sign only for USM 285 finance that an analysis to best the individual, company, corporation, etc., shown at the address shown above on the on the individual, company, corporation, etc. shown at the address shown above on the on the individual, company, corporation, etc. shown at the address shown above on the on the individual, company, corporation, etc. shown at the address shown above) Name and title of individual served (if not shown above) Address (complete only different than shown above) Signature of Authorized USMS Cost Sheet >> REMARKS	CORE CIVIC (WARDEN) (A.O.S) (Human Resource)	
AT ADDRESS (Street or RFD, Apartment No., Cip., State and ZIP Code) 3260 G K 25 HWY CLIGHT OF COLOR TO REQUESTER AT NAME AND ADDRESS BELOW Number of process to be served with this Form 285 Number of parties to be served in this case Check for service On U.S.A. All Telephane Numbers, and Estimated Times Available for Service): Warelena Telephane Numbers, and Estimated Times Available for Service): Warelena Telephane Color of the Color of	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION	ION OF PROPERTY TO SEIZE OR CONDEMN
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Sumber of pracess to be served with this Form 285		
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, MI Telephone Numbers, and Estimated Times Available for Service): WALLEAN TERRACE On Claration - Cushing - CCF, 3200 Skings - HWY, Signature of Attorney other Originator requesting service on behalf of: PLAINTIFF DEFENDANT SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE I acknowledge receipt for the total number of process indicated. Signature of PLAINTIFF DEFENDANT SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE I acknowledge receipt for the total number of process indicated. Signature of Numbers, and estimated. No. L.Y. W.		7/1102
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service): Warders' Terrence Dicknessed - Cusking - CCF, 3300 Skings HWY APR 2 7 2023 Signature of Attorney other Originator requesting service on behalf of: PLAINTIFF DEFENDANT SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE I acknowledge receipt for the total number of process indicated. (Sign only for USE 285 if more than one USM 285 is submitted) No. 44 No. 64 No.		
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service): WARLIEM TERRENCE DICKARSON - Cuslung-CCF, 3300 Skings HWY, Signature of Attorney other Originator requesting service on behalf of: PLAINTIFF DEFENDANT SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE Tacknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more have only for USM 285 if more have over the address shown above on the on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc., shown at the address inserted below. Time: Costs shown on attached USMS Cost Sheet >> REMARKS	TO REQUESTER AT NAME AND ADDRESS BELOW	AND DESIGN OF THE STATE OF THE
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service): WARLIEFA CO DICKARSON - Cuslung-CCF, 3200 5 kings HWY, Signature of Attorney other Originator requesting service on behalf of: PLAINTIFF		
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service): WARELEAN CE DICKARSON - Cushing - CCF, 3200 5 kings HWY, Cashings - CCF, 3200 5 kings - CCF, 320		
Signature of Attorney other Originator requesting service on behalf of: PLAINTIFF	CDECIAL INSTRUCTIONS OF OTHER PARCENT MAN AND AND AND AND AND AND AND AND AND A	
Signature of Attorney other Originator requesting service on behalf of: PLAINTIFF	All Telephone Numbers, and Estimated Times Available for Service):	Business and Alternate Addresses,
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted) Total Process Origin Serve Serve No. 64 Jb Serve No.		RECEIVED 5377 APR 2 7 2023
I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 if more than one USM 285 is submitted) I hereby certify and return that I am unable to locate the individual, company, corporation, etc., at the address shown above) No. Land	PLAINTIFF	NUMBER MARSHOLIS W/OK
number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted) I hereby certify and return that I am unable to locate the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below) Name and title of individual served (if not shown above) Address (complete only different than shown above) Costs shown on attached USMS Cost Sheet >> REMARKS	SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRIT	TE BELOW THIS LINE
Individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below) Name and title of individual served (if not shown above) A.C.S.	number of process indicated. (Sign only for USM 285 if more Ab Signature of Authorized USMS Serve	Deputy or Clerk Date 5/2/23
Name and title of individual served (if not shown above) A.C.S. Kimbarly Sullivan Address (complete only different than shown above) Signature of U.S. Marshal or Deputy Costs shown on attached USMS Cost Sheet >> REMARKS	I hereby certify and return that I \(\square\) have personally served, \(\square\) have legal evidence of service, \(\sqrate\) have executed as shindividual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. sh	nown in "Remarks", the process described on the own at the address inserted below.
A.C.3. Kimba-ly Sullivan Address (complete only different than shown above) Signature of U.S. Marshal or Deputy Costs shown on attached USMS Cost Sheet >> REMARKS	I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See rem	arks below)
Costs shown on attached USMS Cost Sheet >> REMARKS	Name and title of individual served (if not shown above) A.C.S. Kimba-ly Sillivan	- huhz 0:21
REMARKS	Address (complete only different than shown above)	Signature of U.S. Marshal or Deputy
REMARKS		
REMARKS		
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